Summary of the April 28, 2003 System Leadership Council Meeting

The following Council members attended this meeting.

Janet Areson	Paul R. Gilding	Raymond R. Ratke
Mary Ann Bergeron	Nita Grignol	Julie A. Stanley, J.D.
Charline A. Davidson	Larry L. Latham, Ph.D.	James W. Stewart, III
Gerald E. Deans	Dean Lynch	Frank L. Tetrick, III
Judy Dudley	James R. Peterson	James A. Thur, M.P.H.
James L. Evans, M.D.	George W. Pratt, Ed.D.	Joy Yeh, Ph.D.

Grace Sheu also attended the meeting to discuss the Community Consumer Submission (CCS).

1. **Agenda and Meeting Summary:** The Council accepted the summary of its March 17 meeting and adopted the proposed agenda with two additions, the $1.4 million federal mental health block grant state pharmacy savings and an update on the Sexually Violent Predator (SVP) program.

2. **$1.4 Million Federal Mental Health Block Grant State Pharmacy Savings**

    ● The Department had added $2.3 million of federal mental health block grant funds to the State Pharmacy budget for FY 2003 to address an anticipated shortfall. Ray Ratke indicated that the Department now is projecting savings of $1.4 million in that budget for this fiscal year. These savings have already been moved out of the State Pharmacy budget with a reduction of $1.4 million in federal mental health block grant funds. Dr. Evans noted that most of these savings are due to med saver returns; he commended CSB nursing staff for their efforts in producing this success.

    ● Ray Ratke told the Council that the Department is seeking input from CSBs on how these savings should be allocated and used. Charline Davidson asked if these funds reflected one time or ongoing savings. Joy Yeh responded that the outlook for the State Pharmacy budget next year is uncertain, so these savings should be used only for one-time purposes.

    ● Frank Tetrick observed that some CSBs had been more aggressive than others in using the med saver program and suggested that this should be reflected in any distribution of the savings. Jim Stewart commended the decision to return the savings to CSBs. He noted that other factors also needed to be considered, such as whom individual CSBs served and the extent to which each CSB adhered to the criteria for use of the State Pharmacy. He suggested distributing the savings based on the original allocations of funds. He recommended permitting CSBs to carry over these one-time funds if they could not be used this fiscal year. Frank Tetrick noted that it may not be possible to determine which CSBs have followed the criteria, since no mechanism has been implemented to monitor compliance.

    ● Ray Ratke said this is a very complicated matter in terms of incentives or rewards, especially when we have not been clear about the rules. He noted that there are still three CSBs in the pharmacy pilot project, and they have not been in the med saver program. He suggested distributing part of the savings as a reward and part based on factors discussed so far and using a small amount to hire someone to figure out how to reward CSBs or offer incentives.

    ● Frank Tetrick observed that clearly a few CSBs have been very aggressive with the med saver program, which is very time consuming, and he agreed with distributing the savings based on several factors. Jim Peterson supported this approach, but he suggested the incentives and rules task would be an ideal assignment for a work group.

    ● Frank Tetrick noted that many CSBs have worked on obtaining medications for indigent consumers from pharmaceutical companies; this also has produced part of the savings. He indicated that this was an unfunded activity and should be factored into any distribution of the savings. Jim Stewart concurred and suggested that distribution factors include the following criteria: adhering to the guidelines for use of the State Pharmacy, using the med saver program, and obtaining indigent medications.

- Jim Thur observed that we will need much more data about state pharmacy use because we will face other difficult decisions about this issue. He asked which committee would address this matter. Dr. Evans said the Pharmacy Task Force is scheduled to meet on May 14. He noted that the Clinical Subcommittee is surveying practitioners about the use of various drugs in order to identify the best drugs in each class of medications. This would not lead to a preferred drug list; rather, this information is being gathered to provide it to practitioners. Ray Ratke suggested that the Administrative Subcommittee could meet to discuss distribution methodologies.

- ***The Council agreed that the savings should be distributed on several different bases and input would be sought from the VACSB Executive Directors Forum at its May 7 meeting.***

3. **Community Consumer Submission (CCS) Presentation**

   - Charline Davidson, who chairs the Department's internal Data Policy Task Force, distributed and reviewed a CCS Power Point presentation, which is summarized below.

   - Reporting requirements for each CSB have increased over the years due to state and federal accountability requirements and legislative expectations. As a result, the Department has developed multiple software applications (e.g., SCADS and CARS) to respond to the requirements. Maintaining and using multiple applications increase CSB and Department workloads.

   - New federal MH Block Grant and SA Performance Partnership Grant (PPG) requirements will mean even more complex reporting that is not possible with current applications (e.g., collecting consumer demographic information in three dimensional matrices).

   - Through the work of the VACSB Data Management Committee, CSBs and the Department have been exploring the feasibility of collecting required individual consumer information from CSBs through a secure single submission to the Department. This has resulted in the design and pilot testing of the Community Consumer Submission (CCS) software developed by the Department.

   - CCS would not require any additional data entry by CSBs. Instead, CSBs would extract data from their local data bases (using programs developed by their software vendors) and import it into the CCS software on an established frequency. CCS software would:

     □ perform error checks;
     □ create error reports, a hash number (encoding a social security number into a 32 bit number, which cannot be decrypted, that becomes a secure unique identifier), and an export file; and
     □ compress the data into one file for transmission to a Department secure server.

   - The Department would use the CCS data it receives in the export file to produce required reports or files (e.g., TEDS, MH Block Grant, SA PPG, and CARS service and consumer data).

   - Once CCS is fully implemented by all 40 CSBs, it would take the place of existing reporting applications that CSBs currently use to report consumer and service data to the Department.

   - Receipt of this individual consumer information would allow the Department to respond to different federal and state data submission requirements without separate, stand-alone software applications that CSBs would have to use.

   - This proposed change to CSB data reporting is attractive for several reasons.

     □ CCS would improve data quality and reliability. This is especially important given the increasing emphasis on performance in federal block grant reporting.
     □ CCS would greatly reduce the reporting burden on CSBs for routine reports and ad hoc reporting requests from the Department for decision-making and budget planning.
     □ CCS would result in efficiencies at the state and CSB levels from automating the single output file instead of collecting data and keying or importing it into many different reporting applications. Such efficiencies are essential because of budget cuts that have reduced Department and CSB IT staffs.

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- Developing CCS has been a collaborative effort involving the Department's Data Policy Task Force, the VACSB Data Management Committee, and the pilot CSBs: Colonial (Anasazi), Piedmont (unique), and Harrisonburg-Rockingham (CMHC).

- One very significant result of this joint effort has been reducing the number of data elements to be collected through CCS from 80 to 50 (24 for MH, 27 for MR, and 50 for SA).

- CCS software with the error checking and hash export functions has been sent to the three pilot CSBs, and they have installed it. The pilot sites report success with this first phase and that CCS error checking has enabled them to discover a number of local data inaccuracies.

- The pilot sites have been working with the Department to include service information for all populations served by the CSBs. Initially, the software included only consumers who were admitted to a CSB. The second phase of the pilot will include individuals who receive services that do not require a formal CSB admission (e.g., prevention, outreach).

- Department IT staff are making modifications to the CCS software to address issues identified by the pilot CSBs and to provide more error checking and useful functionality.

- Grace Sheu distributed and reviewed the CCS data elements table. These elements are already in each CSB's information system, so no new data entry would be required.

- Jim Thur asked if state facility data could be integrated with CCS data. Charline Davidson replied that it could be integrated based on hashed social security numbers (SSNs). He asked where the information was on state facility patients and residents. Grace Sheu replied that this data is contained in the Patient and Resident Automated Information System (PRAIS). Charline Davidson suggested that CCS and AVATAR (which will replace PRAIS by October) data could be warehoused and consumer information could be matched through hashed SSNs.

- Jim Thur expressed an interest in seeing all data about consumers integrated so that we could present a comprehensive view of the public services delivery system. He said that he preferred focusing on the whole services system, rather than distinguishing between community services and state facility services. He suggested that we not wait until the information is available, but begin working now on how to integrate it.

- Ray Ratke said we need to identify quickly the information and reports that we want from CCS. Mary Ann Bergeron indicated that the VACSB Board of Directors discussed CCS at its last meeting and appointed a small work group to identify such reports. Members of the work group are George Braunstein, Demetrios Peratsakis (chair of the VACSB Administration Committee), and Fred Mitchell (chair of the VACSB Data Management Committee).

- Grace Sheu explained how the hash function worked. Jim Thur asked how consumers without social security numbers (SSNs) would be handled. She indicated that, based on PRAIS data, five to seven percent of consumers do not have SSNs. She suggested using the CSB's agency code and its internal unique consumer ID to identify such individuals. However, they could not be linked to the PRAIS/AVATAR data base. Jim Thur urged that any reports based on this data should footnote this under reporting situation (e.g., identifying how many consumers did not have SSNs), and he noted that this issue needs additional work.

- Paul Gilding distributed and reviewed the CCS Pilot Timeline. Assuming that the pilot is successful, the Department would distribute the CCS file format to all CSBs in July. Between July and December, CSBs would work with their software vendors (e.g., CMHC, BTI, and Anasazi) to develop and install the extract routines. Between January and March, CSBs would begin using the CCS software and submitting reports to the Department. By July 2004, the Department would use CCS information to create the consumer demographic and services information now contained in performance contract reports. In September 2004, Department IT staff would use CCS information to produce the federal MH block grant report. Jim Stewart said that allowing six months for the vendor software modifications would be helpful.

- Ray Ratke indicated that the Department is willing to provide some funds to CSBs to assist in vendor software modifications for the extract routines. Jim Thur suggested using some of the $1.4 million federal block grant State Pharmacy savings for this purpose. ***There seemed to be general support among Council members for this suggestion.*** He noted that CSBs should begin talking with vendors now about this effort.

- Jim Stewart suggested providing a list at the upcoming VACSB Executive Directors Forum meeting of data elements that CSBs would no longer need to collect if CCS were implemented. (Subsequently, Paul Gilding distributed a list at the Forum meeting on May 7.)

- Frank Tetrick urged that there be internal coordination within the Central Office on how CCS moves forward and SCADS is phased out. He had heard there were some concerns about this in the Office of Substance Abuse Services (OSAS). Charline Davidson noted that the concerns might be related to requirements in the federal Data Infrastructure Grant administered by OSAS. Ray Ratke said that a Central Office meeting about CCS was scheduled for later in the week. (Subsequently, at that meeting, the Department's senior management endorsed the CCS and agreed to make some one-time funds available to assist CSBs with CCS implementation.)

4. FY 2004 Performance Contract Update

- Paul Gilding updated the Council on the development of the FY 2004 performance contract. The final draft is out for comments to the work group, and the contract should be distributed to all CSBs and other interested stakeholders by May 2. (Subsequently, the three contract documents - the Partnership Agreement, Performance Contract, and General Requirements Document - were distributed by e-mail on May 3.)

- Jim Stewart commended the Department on its work with the VACSB on this contract. Paul Gilding thanked the performance contract work group for its efforts. He noted that, for the first time, we completed contract development without any meetings; all work was done by e-mail.

5. Status of VITA

- Joy Yeh discussed the status of the new Virginia Information Technology Agency (VITA). Agency data centers, such as the Department's sophisticated data center in the Jefferson Building, will be transferred to the control of the new agency first. Engineering and help desk functions will probably be consolidated first, moving those staff and operations from the agencies to VITA. System development staff will remain with their agencies, at least for now.

- VITA will negotiate a service agreement with each agency. Overall, consolidation of all IT functions across state government is expected to take up to six years.

- Immediately, the Central Office will lose $136,000 and state facilities will lose $440,000 due to IT savings projected from the implementation of VITA.

6. Part C Update

- Ray Ratke indicated that Part C has been removed from the community services performance contract, except for a requirement in the General Requirements Document that CSBs receiving Part C funds provide necessary Part C information to their Local Interagency Coordinating Councils (LICCs). However, a CSB that receives state or federal Part C funds from its LICC to provide services still will need to include the service, consumer, and cost information associated with those funds on the MR early intervention services line of Form 21 in the contract and reports. Revenues will be included in MR Other Fees or MR Other Funds. The Department will be identifying and clarifying Part C responsibilities in an effort to improve the Part C contract.

- Central Office staff met with the Office of the Attorney General about the maintenance of effort (MOE) provisions of Part C. While some aspects of this issue remain unclear, there is a state-level MOE requirement on the total amount of state and local funds in the program.

- □ It is clear that we cannot budget collectively less than the amount budgeted in the previous fiscal year; but, what is budgeted versus what is expended is not clear.
- □ State law is clear that local funds cannot be required for Part C.

- George Pratt noted that some local governments may not participate in Part C if a local funds MOE is imposed on them individually. He proposed surveying all CSBs to identify the amounts of local funds they provide for Part C services, since this information is no longer contained in the community services performance contract.

7. **Discharge Planning Protocols**
8. **Discharge Recommendations of the Inspector General**
9. **Census Contingency Planning**

- The Council discussed these three topics together. The Department had asked Region 4 to develop contingency plans to address situations when Central State Hospital (CSH) is at capacity (e.g., no beds are available). Ray Ratke indicated that a similar concern and need exists for Region 5 and Eastern State Hospital (ESH).

- He said the Department would like to address this in the context of a review of the Discharge Planning Protocols, which would assess how the Protocols are working and identify any needed changes. This could be done on a statewide basis with regional focuses. Rather than reconvening the original group that developed the Protocols, he asked for feedback on establishing a new group.

- Jerry Deans told the Council that the Department has been discussing census contingency planning for several months, since almost all state facilities face situations at different times during the year when they reach full capacity.

- A clear definition of capacity needs to be developed and used consistently by all state facilities. Former Department of Justice settlement agreements (e.g., related to staffing ratios per patient day) are major factors that affect capacity determinations.

- He proposed that the Central Office and state facilities do some preliminary work on the definition of full capacity and identification of adequate staffing levels and ratios. Then, a Central Office, CSB, and state facility work group could provide some guidance for regions to use in developing plans for how each state facility and the CSBs it serves will address full capacity situations.

- He suggested that this work group also could address the discharge recommendations of the Office of the Inspector General (OIG). She is recommending Code changes regarding conditional releases from state facilities based on a recent adverse event, the suicide of a patient on the last day of a pass to discharge. Her review indicated problems with follow up between the state facility and the CSB in that particular case.

- Jerry Deans said we should decide together which OIG recommendations could be adopted and which ones need to be discussed further with the Inspector General. He identified the need for consistent practices across the state for the pass to discharge process. Ray Ratke noted that the pass to discharge issue needs to be part of a broader discussion about the whole discharge process by this Central Office, CSB, and state facility work group.

- George Pratt observed that, while these issues are related, reviewing the Discharge Protocols is an operational issue (e.g., are the protocols working, what needs to be changed), but capacity management and census contingency planning are more policy-related; these are different levels of issues.

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- Ray Ratke acknowledged this observation, but maintained that these issues are related. For example, Southern Virginia Mental Health Institute has been over capacity for a long time. Yet, if the Commissioner had to find a bed, what would be the best way to do so with the minimal impact on discharge planning? Also, capacity issues are linked directly with discharge planning.

- At this point, Council members agreed to establish a larger overall work group with subgroups to address the discharge protocols and policy issues (OIG recommendations and census contingency planning).

- Jim Stewart noted that this sounded like what HPR IV has been doing regarding census contingency planning, and he cautioned against over regulating and reducing flexibility in this effort. George Pratt suggested sending the HPR IV procedures to the other regions, and they could provide feedback about the feasibility and applicability of the procedures for their regions.

- Jim Thur asked about the link between census contingency planning and the not guilty by reason of insanity (NGRI) population. Jerry Deans replied that the NGRI population is a subset of the long term population. Jim Thur suggested that the NGRI situation may be more complicated than the rest of the long term population, specifically mentioning the NGRI review panel process. Ray Ratke said the NGRI issue needed to be discussed separately and urged Council members to focus on census contingency planning and the discharge planning protocols at this point.

- ***The Council accepted Ray Ratke's recommendation that the HPR IV procedures be distributed to the other regions for review and that the regions work with George Pratt to identify individuals to serve on a state level work group to review the protocols. George Pratt suggested that if the other regions accept the HPR IV procedures for census contingency planning, then this issue is resolved; if they do not accept them, then another group should be established to address census contingency planning.*** (Subsequently, a copy of the HPR IV Census Management Plan was distributed to Council members for their information and review with the June 16 meeting agenda.)

- Jerry Deans discussed efforts to address the needs of the following special population groups: forensics, geriatrics, children and adolescents, substance abuse, mental retardation. He noted that it might be difficult for each region to address these populations itself and suggested it might be better to do this on a statewide basis.

- The Regional Partnership Guidance states that the Department will convene state groups to discuss these population groups, so that there will be some strategic direction at the end of the restructuring process for addressing the needs of these groups. Ray Ratke indicated that we need to move forward on this and the Central Office needs to get organized to address this matter. He asked Council members for their suggestions.

- Jim Thur said the Council had agreed that a statewide stakeholder restructuring group should be established. It would include representatives of statewide advocacy groups and would meet several times a year with the Commissioner and the Regional Partnership leaders. He suggested that this could be a springboard for discussion about the statewide special population groups. He indicated that, in its regional partnership planning, Region 4 has identified geriatrics and NGRI as the most pressing groups whose needs have to be addressed.

- Ray Ratke responded that, after some discussion, the statewide stakeholder involvement idea had evolved a little. He noted the recent memorandum about quarterly stakeholders meetings, which grew out of the Council's discussion about how to involve other stakeholders more. The first quarterly meeting will be held on May 15 at the Richmond Convention Center.

- George Pratt identified the need to develop a specific meeting schedule for the special population groups, so that the groups can be organized and people can put meetings on their calendars. He agreed to provide names of CSB representatives once a schedule is established.

- ***Ray Ratke proposed establishing a state level group with Central Office, Regional Partnership, and advocacy group representatives first. This group could then discuss how to proceed with the special population groups.*** (The first meeting of this group, the Restructuring Policy Advisory Committee, will be held on June 24 in Henrico.)

10. Federal Medicaid Developments

- Mary Ann Bergeron mentioned that Congress has passed a budget that would allow the President to introduce Medicaid reforms. The VACSB will be discussing this issue at its Spring Conference on May 8 in Williamsburg. One purpose of this meeting will be an effort to educate attendees that all of our system's Medicaid services are optional.

- She said Congressman Scott held a meeting last week with a panel to discuss veterans' issues, Social Security, Medicare, children's issues, and Medicaid reform proposals. Nita Grignol from the VACSB and Jennifer Fidura from the Network of Private Providers attended this meeting.

- Nita Grignol highlighted mental health, mental retardation, and substance concerns about the Medicaid proposals for Council members.

- Mary Ann Bergeron indicated there also were serious concerns about federal substance abuse developments. She expressed the hope that the Secretary of Health and Human Resources and the Department would prepare a paper emphasizing that substance abuse treatment works and that there is a great need for additional qualified staff.

- She noted that there have been indications that the Warner Administration is not pleased with the federal Medicaid reform proposals. Yet, the National Governors Association's Medicaid group is apparently going in a different direction.

- Charline Davidson asked about the status of the rev-max initiative presented by DMAS at the previous Council meeting. Mary Ann Bergeron replied that Howard Cullum and Ron Bransome met with DMAS to work on an approach that would use one entity to borrow the necessary funds. Ray Ratke noted that Joy Yeh attended this meeting. Mary Ann Bergeron indicated that Bill Lessard (DMAS staff) is working with the consultants on the mechanics of borrowing.

- She said the biggest issue will be addressing private provider perceptions that CSBs will be getting something extra as a result of this initiative. Jim Stewart asked if the brief, simple explanatory paper discussed at the last Council meeting was still going to be prepared. Janet Areson indicated that DMAS has assured the Virginia Municipal League (VML) that it would involve local governments, but so far VML has not been contacted. She said VML would be contacting DMAS.

- George Pratt cautioned that all of the rev-max discussions are very preliminary; at this point there is no written proposal. Ray Ratke agreed that VML and the Virginia Association of Counties (VACO) need to be involved now, rather than later. Jim Thur concurred, suggesting that VML and VACO be involved even in informal meetings. Ray Ratke agreed to convey this concern to DMAS.

11. Paperwork/Record Keeping Requirements Reductions

- Ray Ratke asked if any group was working on this issue. **George Pratt responded that the VACSB Administration Committee could address this subject. George Braunstein, Demetrios Peratsakis, and Fred Mitchell will organize a group to do this.**

- Ray Ratke indicated that the Department would identify some Central Office staff. Jim Stewart suggested asking DMAS to identify a representative.

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12. Sexually Violent Predator (SVP) Update

- Ray Ratke updated the Council on the SVP program. The Governor has decided to locate the program temporarily (up to about three years) in two empty buildings on the north campus of Southside Virginia Training Center (SVTC) in Dinwiddie County.

- The SVTC buildings have been maintained, although the north campus of SVTC is completely empty. Initially, one building would be opened; it would hold up to 25 individuals by the end of FY 2004. It is expected that the first person may be admitted in August of this year.

- Maximum security fencing is being installed now. The Department has a commitment from the Department of Planning and Budget and the Secretary that the SVP budget will be entirely separate from the CSH/SVTC budget; there will be a complete firewall between them.

- Mary Ann Bergeron asked if individuals in the SVP program will be covered by the state's human rights system. Julie Stanley replied that there would likely not be a blanket exemption of the SVP program from all human rights regulations. Department staff is identifying possible Commissioner's exemptions for specific human rights. Mary Ann Bergeron noted that many groups would be interested in any Code changes needed for this program next year.

- Jerry Deans indicated that the Department is engaged in an expedited review process to determine whether it operates or contracts the SVP program. The Department will be receiving build-to-suit proposals from the private sector to enable minimum staffing for the permanent program, since the Commonwealth will probably be in this business for a long time.

- He told the Council that some localities are expressing an interest in having the permanent facility sited in their areas. He mentioned that, in selecting SVTC as the site for the temporary program, the Governor directed the Department to identify and plan for a permanent location for the SVP program, ideally near a Department of Corrections facility and a Department facility.

13. Next Meetings:
The Council tentatively scheduled its meetings for the rest of the calendar year. The Council will meet at 9:00 a.m. on June 16, August 11, September 29, and November 10, 2003. All meetings will be held in Conference Room C at the Henrico Area MH & R Services Board.